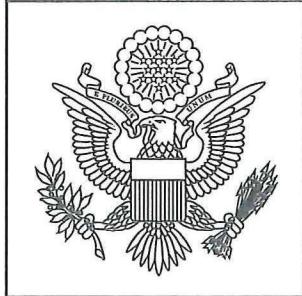


No. 24/00990

United States of America



DEPARTMENT OF STATE

To all to whom these presents shall come, Greeting:

I Certify That Brykyta K. Shelton,

whose name is subscribed to the document hereunto annexed, was at the time

of subscribing the same Chief, Records Creation and Retention Division,

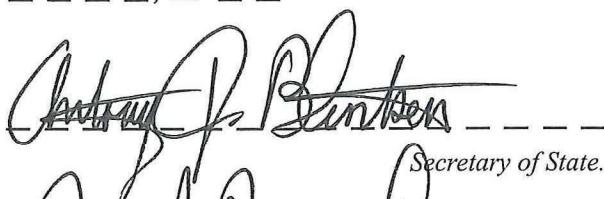
Passport Services, Department of State, United States

of America, and that full faith and credit are due to his acts as such.



In testimony whereof, I Antony J. Blinken

Secretary of State, have hereunto caused the seal of the
Department of State to be affixed and my name subscribed by the
Authentication Officer of the said Department, at the city of
Washington, in the District of Columbia, this 1st
day of August, 20 24


By 
Secretary of State.
Authentication Officer, Department of State

Issued pursuant to RS 161.5 USC 22, RS 203.5 USC 158; Sec. 1 of Act of June 25, 1948, 62 Stat. 946, 28 USC 1733; Sec. 4 of Act of May 26, 1949, 63 Stat. 111, 5 USC 151c; and Secs. 104 and 332 of Act of June 27, 1952 66 Stat. 174 and 253, 8 USC 1104, 1443, and 5 USC 140.

This certificate is not valid if it is removed or altered in any way whatsoever



United States Department of State

Washington, D.C. 20520

In reply refer to: Case Nos.: E-2024-00624 / LE-2024000990
CA/PPT/S/RM/RRR – DOUGLAS, Patricia Gale

VIA CERTIFIED MAIL

Aisha Rahman, Special Agent
U.S. Department of Homeland Security
501 S. Flagler Drive Suite 500
West Palm Beach, FL 33401

Dear Ms. Rahman:

We are responding to your memorandum of July 31, 2024, requesting certified passport records in connection with the criminal investigation of Patricia Gale Douglas.

We conducted a search of our records as it pertains to Patricia Gale Douglas and were able to locate one document that appears relevant to your request. After careful review of this document, we have determined that a certified copy may be released in part. Enclosed, please find a certified copy of the document.

The documents are disclosed to your agency in accordance with the provisions of the Privacy Act (5 U.S.C. § 552a(b)(7)) for law enforcement purposes only. Please be advised that the documents are protected by the Privacy Act and may only be released by the Department of State.

-2-

Accordingly, your agency is prohibited from releasing this document to any other agency, department, entity, or individual, outside of your request. However, the documents may be released for court purposes.

We hope the enclosed document will be of assistance to you. If we can be of further assistance, please let us know.

Sincerely,



Team Lead

Passport Services

Office of Records Management
Records Review and Release Division



Washington, D.C. 20520

TO WHOM IT MAY CONCERN:

I, Brykyta K. Shelton, Chief, Records Creation and Retention Division, Office of Records Management, Passport Services Directorate, United States Department of State, certify under penalty of perjury that, as Chief of the Records Creation and Retention Division, I am the custodian of the passport files.

I further certify that: 1) the passport record attached hereto and listed below, consisting of four pages, is a true copy of the original record in the custody of the Passport Services Directorate of the United States Department of State; 2) I am the custodian of this file, and 3) the record attached to this certificate was:

- A. Made at or near the time of the issuance of a passport, or the occurrence of the matters set forth therein, by the person executing the record with knowledge of the information provided therein;
- B. Kept in the course of regularly conducted activity under the authority of the Secretary of State to grant and issue passports; and,
- C. Made during the regularly conducted activity as a regular practice under the authority of the Secretary of State to grant and issue passports.

-2-

1. Application #761717792 for United States passport book #A02889521 issued to Patricia Gale Douglas on January 27, 2022, by the United States Department of State.
[Released in Part- Pursuant to the Freedom of Information Act, subsection (b)(6) and section (b) of the Privacy Act (5 U.S.C. § 552a). We have redacted material, the release of which would constitute a clearly unwarranted invasion of personal privacy of a third party.]

I further state that this certification is intended to satisfy the following provisions:

- Rule 44, Federal Rules of Civil Procedure
- Rule 27, Federal Rules of Criminal Procedure
- Rule 902, Federal Rules of Evidence, under Title 28, United States Code Annotated

Sincerely,


for Brykyta K. Shelton, Chief
Records Creation and Retention Division
Office of Records Management
Passport Services

Date: AUG 31 2024

U.S. Department of State

APPLICATION FOR A U.S. PASSPORT

Use black ink only. If you make an error, complete a new form. Do not correct.

OMB CONTROL NO. 1405-0004
EXPIRATION DATE: 12-31-2023
ESTIMATED BURDEN: 85 MIN

Select document(s) for which you are submitting fees:

- U.S. Passport Book U.S. Passport Card Both
 The U.S. passport card is not valid for international travel. (See Instructions Page 3)
 Regular Book (Standard) Large Book (Non-Standard)
 The large book is for frequent travelers who need more visa pages.



761717792

1. Name Last

DOUGLAS

 D O S NFR

End. # _____ Exp. _____

First

Middle

PATRICIA

GALE

2. Date of Birth (mm/dd/yyyy)

07 1945

3. Sex

M

F

4. Place of Birth (City & State if in the U.S. or City & Country as it is presently known.)

CHICAGO, IL

5. Social Security Number

8899

6. Email (see application status at passportstatus.state.gov)

7. Primary Contact Phone Number

8. Mailing Address Line 1: Street/RFD#, P.O. Box, or URB

922 KNOll VISTA DRIVE

Address Line 2: (Include Apartment, Suite, etc. if applicant is a child, write "In Care Of" of the parent. Example: In Care Of - Jane Doe, mother)

City _____ State _____ Zip Code _____ Country (if outside the United States) _____

SAN MARCOS

CA

92078

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)

A.



STOP! CONTINUE TO PAGE 2 →

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Second Signature Line (if identifying minor)

<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> State issued ID Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Military	<input type="checkbox"/> Other
Name: PATRICIA GALE DOUGLAS				

Issue Date (mm/dd/yyyy): 06/23/2018	Exp. Date (mm/dd/yyyy): 07/08/2023	State of Issuance: CA
-------------------------------------	------------------------------------	-----------------------

ID No. [REDACTED]	Country of Issuance: USA
-------------------	--------------------------

Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Third Signature Line (if identifying minor)

<input type="checkbox"/> Driver's License	<input type="checkbox"/> State issued ID Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Military	<input type="checkbox"/> Other
Name: [REDACTED]				

Issue Date (mm/dd/yyyy): [REDACTED]	Exp. Date (mm/dd/yyyy): [REDACTED]	State of Issuance: [REDACTED]
-------------------------------------	------------------------------------	-------------------------------

ID No. [REDACTED]	Country of Issuance: [REDACTED]
-------------------	---------------------------------

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not performed any of the acts listed under "Acts or Conditions" on page 4 of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and wilfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page 4 of the instructions to the application form.

FOIA(b)(6)

Signature of person authorized to accept applications

NO POST OFFICE
 I declare under penalty of perjury that I have provided the verbal and written the applicant's legal guardian's signature.
 420 N TWIN OAKS VALLEY RD,
 SAN MARCOS, CA 92069-9998

12-28-2021

Date

FOIA(b)(6)

Patricia A. Douglas

Applicant's Legal Signature - age 16 and older

Agent ID Number

Facility ID Number

Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)



DS 11 B 12 2020 1

Page 1 of 2

For Issuing Office Only

B130 Card

EF

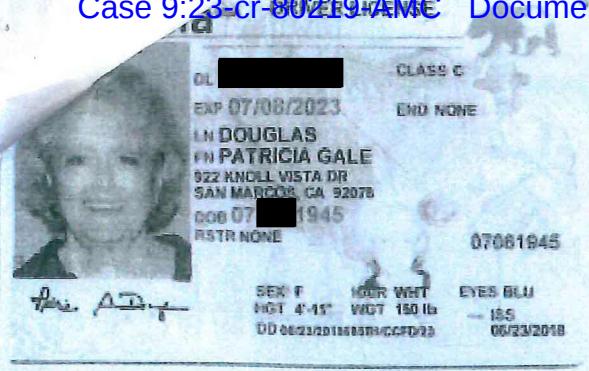
Postage

Execution

Other

DS-11 12-2020

Name of Applicant (Last, First, & Middle)		Date of Birth (mm/dd/yyyy)	
DOUGLAS, PATRICIA GALE		07/1945	
10. Parental Information			
Mother/Father/Parent - First & Middle Name (at Parent's Birth) [REDACTED]		Last Name (at Parent's Birth) [REDACTED]	
Date of Birth (mm/dd/yyyy) [REDACTED]	Place of Birth (City & State if in the U.S. or City & Country as it is presently known) CHICAGO, IL	Sex U.S. Citizen? Male <input checked="" type="checkbox"/> Yes Female <input type="checkbox"/> No	
Mother/Father/Parent - First & Middle Name (at Parent's Birth) [REDACTED]	Last Name (at Parent's Birth) DOUGLAS		
Date of Birth (mm/dd/yyyy) [REDACTED]	Place of Birth (City & State if in the U.S. or City & Country as it is presently known) TENNESSEE	Sex U.S. Citizen? <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Yes Female <input type="checkbox"/> No	
11. Have you ever been married? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete the remaining items in #11.			
Full Name of Current Spouse or Most Recent Spouse (Last, First & Middle)		Date of Birth (mm/dd/yyyy)	
Place of Birth			
U.S. Citizen? Date of Marriage Yes No (mm/dd/yyyy)	Have you ever been widowed or divorced? Yes No	Widow/Divorce Date (mm/dd/yyyy)	
12. Additional Contact Phone Number	13. Occupation (if age 16 or older) RETIRED	14. Employer or School (if applicable) NONE	
Home Work			
15. Height 16. Hair Color 17. Eye Color 4ft. 11in. BLONDE BLUE	18. Travel Plans (If no travel plans, please write "none") Departure Date (mm/dd/yyyy) Return Date (mm/dd/yyyy) [REDACTED] [REDACTED] [REDACTED]	Countries to be Visited	
19. Permanent Address (Complete if P.O. Box is listed under Mailing Address or if residence is different from Mailing Address. Do not list a P.O. Box) Street/RFD # or URB			
City		State	Zip Code
20. Your Emergency Contact Provide the information of a person not traveling with you to be contacted in the event of an emergency Name FOIA(b)(6)			Address: Street/RFD # or P.O. Box
City FOIA(b)(6)			Apartment/Unit
21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? <input checked="" type="checkbox"/> Yes No <input type="checkbox"/> If yes, complete the remaining items in #21. Name as printed on your most recent passport book			Most recent passport book number Most recent passport book issue date (mm/dd/yyyy)
PATRICIA GALE DOUGLAS Status of your most recent passport book <input checked="" type="checkbox"/> Submitting with application Stolen Lost <input checked="" type="checkbox"/> In my possession (if expired) Name as printed on your most recent passport card			04/01/1977 Most recent passport card number Most recent passport card issue date (mm/dd/yyyy)
Status of your most recent passport card: Submitting with application Stolen Lost In my possession (if expired)			
PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY			
Name as it appears on citizenship evidence		Same	
<input type="checkbox"/> Birth Certificate SR CR City Filed <input type="checkbox"/> Nat'l/Citz Cert USCIS USCG Date/Place Acquired <input type="checkbox"/> Report of Birth Filed/Place <input checked="" type="checkbox"/> Passport C/R <input checked="" type="checkbox"/> See #21 #DOI <input type="checkbox"/> Other <input type="checkbox"/> Attached		Issued	<input type="checkbox"/> Sole Parent All
		DEPARTMENT OF STATE <div style="border: 1px solid black; padding: 5px; width: fit-content;">FOIA(b)(6)</div>	
<input checked="" type="checkbox"/> POC of Diz <input type="checkbox"/> POC of ID DS-71 DS-3050 DS-64 DS-5520 DS-5525 PAW NPIC IRL Citz WIS		 DS 11 B 12 2020 2	



JN 171965

COUNTY CLERK
BUREAU OF VITAL STATISTICS—130 NORTH WELLS STREET
CHICAGO 6, ILLINOIS

**IN THIS FORM (except signature)
BY TYPEWRITER OR LEGIBLE PRINTING**

1. PLACE OF BIRTH		Registration Date No.
1942		3104
1942		9104
Newark, New Jersey		1942
U. S. A., or other P. O. Address		1942
Name of mother		1942
2. ADDRESS OF MOTHER		1942
(a) STATE		1942
of residence		1942
(b) CITY		1942
3. FULL NAME OF CHILD		1942
Patricia Gale		1942
4. Sex, Trade		1942
Female, Truck Driver		1942
5. Age at time of birth		1942
1946		1942
or estimate		1942
To be answered only in the event of plural births		1942
6. Color		1942
White		1942
7. Age at time of birth		1942
Denton City, Tenn.		1942
8. Trade, profession, or particular kind of business, in which you are engaged, or the best trade, profession, or business you can claim		1942
truck driver		1942
9. Industry or business in which you are engaged, or the best industry, business, etc.		1942
truck driving		1942
10. Mating the state, number of household members, and the name of each member, how many of these members are now living, and how many were born dead, in the month of September		1942
2		1942
3		1942
0		1942
11. What becomes the given child's age at birth		1942
12. Has a blood test for syphilis made upon the mother of this child?		1942
Yes		1942
13. Result of the last test may be stated on this certificate		1942

STATE OF ILLINOIS ORIGINAL

DWIGHT H. GREEN, Governor
Department of Public Health—Division of Vital Statistics

CERTIFICATE OF BIRTH

Registered No. [REDACTED]

At time of birth _____ in Covenants Hospital
At time place before delivery _____ 1 hr.
Specify date or hour _____

50th week

Actual residence, year, town, city, etc.	In City or Village	Chicago	
912 W. Austin St.	St. of birth		
Mugler	Date of birth	July 1, 1945	
Single	Month	(Month, Year)	
Residence	Year	1940	
9110 -	Mo.	00	
15. Full middle name	[REDACTED]		
16. Color or race	white	17. Age at time of birth	30
18. Birthplace (city or place) (state or country)	Chicago, Illinois		
19. Trade, profession, or occupation of father, if married, widow, widow, etc.	Housewife		
20. Address of home in which father is employed, or with whom he may be staying, if not at home	Own Home		
21. Mother's mailing address for registration 912 W. Austin St.			
Chicago, Illinois			
22. Date of birth	45-1	23. Name of laboratory conducting test	Sept.
24. On the date above Signature _____	[REDACTED]		
Name and Address _____		Registration _____	

STATE OF ILLINOIS
County of Cook

I, EDWARD J. BARRETT, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Edward J. Garrett

County Clerk